

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF United States of America		COURT CASE NUMBER 18-02240	
DEFENDANT AMANDA L. ALTICE		TYPE OF PROCESS Handbill	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN AMANDA L. ALTICE		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP code) 1037 Donegal Springs Road Mount Joy, PA 17552		
SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED SEP 13 2018 AM 10:45 U.S. MARSHAL SERVICE PHILADELPHIA </div>
KML Law Group, P.C. 701 Market St. Suite 5000 Philadelphia, PA 19106		Number of parties to be served in this case	
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers and Estimated Times Available for Service)

Please post the property by November 12, 2018.

FILED**SEP 13 2018**

KATE BARKMAN, Clerk

By: [Signature] Dep. Clerk

Signature of Attorney other Originator requesting service behalf of	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 215-627-1322	DATE 8/28/18
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process /	District of Origin 66 No. _____	District to Serve 66 No. _____	Signature of Authorized USMS Deputy or Clerk [Signature]	Date 8/28/18
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date 9-5-18	Time 11:55 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Tully PA Turnpike 8.75 182 RT miles @ .545 = 99.19 4 hrs @ 65 = 260.00		Signature of U.S. Marshal or Deputy [Signature] 0683

Service Fee -0-	Total Mileage Charges including envelope(s) 99.19	Forwarding Fee -0-	Total Charges 107.94	Advance Deposits -0-	Amount owed to U.S. Marshal* or (Amount of Refund*) 107.94
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REMARKS: 182 RT miles @ .545 = 99.19
 4 hrs @ 65 = 260.00
 POSTED @ FRONT DOOR
 -OCCUPIED-

PRINT 5 COPIES.

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED